## **VIRGINIA PHYSICAL INSPECTION OF STUDENTS**

## NOTICE SENT BY TEACHER OR NURSE TO PARENTS

SEX

Name of	Student:		M F	F Date		
Parent or Guardian			Address			
Family Physicia	n					
Yo	ou are advised to consul	t your child's physician and/or	dentist.			
Ot	ır school inspection ind	icates that special attention ma	ay be needed for the items checked bel	ow:		
	Weight	Scoliosis	Immur	Immunization		
	Vision	Posture	Diptheria-Pertussis-			
	Hearing	Speech	Tetanus (DPT)			
	Teeth	Skin	Measles	Mumps		
	Throat	Other:		·		
Wh tions o	nen an examination n the reverse side (	is made, please have the of this form for return to	e professional examiner insert intertion in the school.	findings and recommenda-		
		Teacher or Nurse				
			School	- AND		

## **HEALTH SERVICES**

TO:	Professional Examiner:	Completed form will be given to parent for return to teacher or nurse.			
TO:	Clinic:	Completed form will be returned to teacher or nurse.			
Find	ings and Recommendatio	ns:			
DEF	ECT(S): Corrected		Being Treated		
Sign	ed·		Professional Dogge		

Teacher/Nurse — Note corrections and recommendations and record on cumulative record.

Va. Department of Health

Va. Department of Education

Date: \_\_\_\_\_